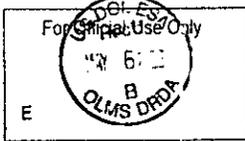


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6282 2 5572	2. Fiscal Year Covered From: 01 / 01 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name PATRICK LO PRESTI P.O. Box, Bldg., Room No., if any Street 80 HUNTER DRIVE City SYOSSET State NEW YORK ZIP Code + 4 11791	4. Name, file number, and address of labor organization. Name ALA LOCAL ONE Labor Organization File Number 035-319 P.O. Box, Building and Floor Number, if any Street 113 UNIVERSITY PLACE City NEW YORK State NEW YORK ZIP Code + 4 10003
5. Position in labor organization. PRESIDENT - ALA LOCAL ONE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed On 03/23/06 (212) 460-0800
Date Telephone Number

Name of Person Filing PATRICK LOPRESTI	File Number U- 6282
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name AMALGAMATED BANK OF NEW YORK</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 11-15 UNION SQUARE WEST</p> <p>City NEW YORK</p> <p>State NEW YORK ZIP Code + 4 10003</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">CUSTODIAL BANK / INVESTMENT MANAGER SERVICES</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$ 8800.00</p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;">HOLIDAY GIFT - December 2005</p> <hr/> <p>12.b. Amount. \$ 336.00</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing PATRICK LOPRESTI	File Number U- 6282
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name INTER LOCAL PENSION FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 455 KEHOE BLVD - SUITE 100</p> <p>City CAROL STREAM</p> <p>State ILLINOIS ZIP Code + 4 60168</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name INTER LOCAL PENSION FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 455 KEHOE BLVD SUITE 100</p> <p>City CAROL STREAM</p> <p>State ILLINOIS ZIP Code + 4 60168</p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 2em;">PENSION FUND</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$6229.00</p> <p>12.a. Nature of interest held or income received.</p> <p style="font-size: 1.5em;">BOARD OF TRUSTEES meeting 2/15 - 2/16/05</p> <hr/> <p>12.b. Amount. \$633.00</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing **PATRICK LOPRESI** File Number U- **6282**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).
 Name **INTER LOCAL PENSION FUND**
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street **455 KEHOE BLVD - SUITE 100**
 City **CAROL STREAM**
 State **ILLINOIS** ZIP Code + 4 **60168**

9. Business deals with:
 a. Labor Organization _____
 b. Trust
 c. Employer _____

10. If 9.b. or 9.c. is checked give trust or employer's name.
 Name **INTER LOCAL PENSION FUND**
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street **455 KEHOE BLVD - SUITE 100**
 City **CAROL STREAM**
 State **ILLINOIS** ZIP Code + 4 **60168**

11.a. Nature of such dealing.
PENSION FUND

11.b. Approximate dollar value of such dealing. **\$6229.00**

12.a. Nature of interest held or income received.
**BOARD OF TRUSTEES meeting
 3/6-3/7/05**

12.b. Amount. **463.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).
 Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment. _____

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment. _____

Name of Person Filing PATRICK LOPRESTI	File Number U- 6282
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name INTER LOCAL PENSION FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 455 KEHOE BLVD - SUITE 100</p> <p>City CAROL STREAM</p> <p>State ILLINOIS ZIP Code + 4 60168</p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer _____</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name INTER LOCAL PENSION FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 455 KEHOE BLVD - SUITE 100</p> <p>City CAROL STREAM</p> <p>State ILLINOIS ZIP Code + 4 60168</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">PENSION FUND</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$ 6229.00</p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;">BOARD OF TRUSTERS MEETING 4/25 - 4/28/05</p> <hr/> <p>12.b. Amount. \$ 1138.00</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p> </p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment.</p> <p> </p>

Name of Person Filing **PATRICK LO PRESTI** File Number U- **6282**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).
 Name **INTER LOCAL PENSION FUND**
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street **455 KEHOE BLVD - SUITE 100**
 City **CAROL STREAM**
 State **ILLINOIS** ZIP Code + 4 **60168**

9. Business deals with:
 a. Labor Organization _____
 b. Trust
 c. Employer _____

10. If 9.b. or 9.c. is checked give trust or employer's name.
 Name **INTER LOCAL PENSION FUND**
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street **455 KEHOE BLVD - SUITE 100**
 City **CAROL STREAM**
 State **ILLINOIS** ZIP Code + 4 **60168**

11.a. Nature of such dealing.
PENSION FUND

11.b. Approximate dollar value of such dealing. **\$6229.00**

12.a. Nature of interest held or income received.
**BOARD OF TRUSTEES meeting
 7/26-7/29/05**

12.b. Amount. **\$1553.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).
 Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment. _____

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment. _____

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>INTER LOCAL PENSION FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>455 KEHOE BLVD - SUITE 100</u></p> <p>City <u>CAROL STREAM</u></p> <p>State <u>ILLINOIS</u> ZIP Code + 4 <u>60168</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>INTER LOCAL PENSION FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>455 KEHOE BLVD - SUITE 100</u></p> <p>City <u>CAROL STREAM</u></p> <p>State <u>ILLINOIS</u> ZIP Code + 4 <u>60168</u></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;"><u>PENSION FUND</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>\$ 6229.00</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;"><u>meeting held 10/5-10/8/05</u></p> <hr/> <p>12.b. Amount. <u>\$ 467.00</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing PATRICK LO PRESTI	File Number U- 6282
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name INTER LOCAL PENSION FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 455 KEHOE BLVD - SUITE 100</p> <p>City CAROL STREAM</p> <p>State ILLINOIS ZIP Code + 4 60168</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name INTER LOCAL PENSION FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 455 KEHOE BLVD - SUITE 100</p> <p>City CAROL STREAM</p> <p>State ILLINOIS ZIP Code + 4 60168</p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;">PENSION FUND</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$ 6229.00</p> <p>12.a. Nature of interest held or income received.</p> <p style="font-size: 1.2em;">BOARD OF TRUSTEES meeting 10/31- 11/5/05</p> <hr/> <p>12.b. Amount. \$ 1975.00</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>